



CITY OF DELTONA
BUILDING AND ZONING SERVICES DEPARTMENT
2345 Providence Blvd
Deltona, FL 32725

Permitting: (386) 878-8650 – (386) 878-8660 - Fax 386-878-8651 – E-mail: permitting@deltonafl.gov

REVISION
[PERMITS ALREADY ISSUED]

MUST BE COMPLETED BY PERMIT APPLICANT

Incomplete submittals will be returned to applicant

Copies required:

Residential – 1 Set

Commercial – 2 Sets

REVISIONS FOR PERMITS WILL NOT BE ACCEPTED VIA FAX OR E-MAIL

DATE: _____ Received By: _____
PERMIT # _____ PERMIT TYPE (SFR, Shed, etc) _____
JOB SITE ADDRESS _____
CONTRACTOR'S NAME _____
CONTACT NAME: _____ CONTACT PHONE # _____
CONTACT FAX # _____ E-MAIL _____

REVISION DUE TO: (See reverse for additional explanation)

- | | | |
|---|--|---|
| <input type="checkbox"/> Zoning (change of location or design, tree survey, Plot Plan, etc) | <input type="checkbox"/> Building (Plan, Trusses, energy calcs, re-stamp plans, Inspector requests, contractor change, etc) | <input type="checkbox"/> Engineering (Elevation Certificate, Scrub Jay, Drainage, etc) |
| <input type="checkbox"/> Land Development (Change Grading, GEO, Finish Floor Elevation, Drainage, etc) | <input type="checkbox"/> Fire Marshal (fire suppression system, fire sprinklers, etc) | <input type="checkbox"/> Other (specify) _____ |

Information Submitted (including number of copies):

OFFICE USE ONLY

<input type="checkbox"/> <u>Zoning:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>L.D.:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>Bldg. Plan Review:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>Fire:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____
<input type="checkbox"/> <u>Other:</u>	Date: _____	Approved _____	Rejected _____	Faxed Date: _____

Comments:

FEE: () Yes - Amount: \$ _____ () NO CHARGE